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IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

July 23, 2008

Michael Dempsey
Family Home Health
2950 East Magic View Dr., Ste 192
Meridian, ID 83642

Provider #137079

Dear Mr. Dempsey:

On **July 3, 2008**, a Complaint Survey was conducted at Family Home Health. The complaint allegations, findings, and conclusions are as follows:

**Complaint #ID00003586**

**Allegation #1**: The HHA did not draw necessary labs, as ordered by the physician.

Findings: An unnanounced visit was made on 7/2/08. Seven records were reviewed for patients that had received HHA services, as well as, Home Infusion Therapy services within the last six months. Four of the records reviewed also had physician orders for periodic lab draws. Interviews were done with HHA staff and a telephone interview was done with the General Manager of a local Home Infusion company. Of the four records reviewed for patients who had Home Infusion services as well as lab orders, one record was found to be lacking documentation that lab draws were done as ordered by the physician. In an interview, on 7/2/08 at 1:00 PM, the HHA Clinical Coordinator stated that labs had not been drawn as ordered and according to the plan of care.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

**Allegation #2**: The HHA refused to start an IV so that the patient could receive IV medications.

Findings: During interview with the Clinical Coordinator on 7/2/08 at 9:00 AM, it was found that the placement of peripheral intravenous access is not a service offered by the HHA. Seven records of patients, who had received Home Infusion services, documented that all of the patients had central venous access in place before HHA and Home Infusion services were ordered.

Further, the General Manager of a local Home Infusion company, when interviewed by telephone on 7/3/08 at 9:00 AM, stated that it was general practice in the local medical community for the Home Infusion company staff (an R.N.), to be available to establish a peripheral venous access if needed. She further stated that 70% of patients who received Home Infusion services received that service exclusively and had no HHA services in place. She further stated that it is routine to have a patient specific intra- agency form for patients receiving both HHA and Home Infusion services. This form documents the patient's needs and delineates responsibility for each of the needs prior to initiation of services.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it was addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

for

PATRICIA O'HARA
Health Facility Surveyor
Non-Long Term Care

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

PO/mlw

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July 21, 2008

Michael Dempsey
Family Home Health
2950 East Magic View Drive #192
Meridian, Idaho 83642

RE: Family Home Health, provider #137079

Dear Mr. Dempsey:

This is to advise you of the findings of the Medicare survey at Family Home Health which was concluded on July 3, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.

2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.

3. Identify the date each deficiency has been, or will be, corrected.

4. Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **August 1, 2008**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

Patricia O'Hara

PATRICIA O'HARA
Health Facility Surveyor
Non-Long Term Care

Sylvia Creswell

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

PO/mlw

Enclosures

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 137079 | A. BUILDING _____ B. WING _____ | C 07/03/2008 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| FAMILY HOME HEALTH | 2950 EAST MAGIC VIEW DR STE 192 MERIDIAN, ID 83642 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| G 000 | INITIAL COMMENTS<br><br>The following deficiencies were cited during the complaint survey of your Home Health Agency.<br><br>The following surveyors conducted the survey:<br><br>Patricia O'Hara R.N., H.F.S.<br>Teresa Hamblin R.N., H.F.S.<br><br>Acronyms used in this report include:<br><br>CBC = Complete Blood Count<br>HHA = Home Health Agency<br>PT/INR = Protime<br>RN = Registered Nurse<br>SOC = Start of Care | G 000 | RECEIVED<br>JUL 25 2008<br>FACILITY STANDARDS | |
| G 158 | 484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER<br><br>Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.<br><br>This STANDARD is not met as evidenced by:<br>Based on review of clinical records and interview with the Clinical Director, it was determined the agency failed to ensure that registered nurses followed the plan of care for 1 of 4 patients reviewed who received intravenous therapy and had orders for home lab draws. The failure of the agency to follow the plan of care could have: 1) interfered with the physician's ability to determine the most effective dosage of medication needed to facilitate the patient's recovery; and 2) to determine the safest dosage of medication to protect the patient from potential adverse effects of medication. Findings include: | G 158 | See attached. | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| [signature] | Administrator | 7/23/08 |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| **FAMILY HOME HEALTH** | **2950 EAST MAGIC VIEW DR STE 192 MERIDIAN, ID 83642** |

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| G 158 | Continued From page 1<br>Patient #2, whose SOC date was 5-21-08, was admitted to home health for care related to a wound infection following surgery. The patient was on Coumadin, a medication that helps prevent clots in the deep veins of the legs. In addition, the patient received intravenous Vancomycin, a medication used to treat infection.<br><br>The physician transfer orders dated 5-20-08 included the following lab draws: PT-INR to be drawn every Monday and Thursday; Vanco Trough, Pre-albumin and CBC to be drawn on Monday. The PT-INR is generally ordered to monitor the effects of the blood-thinning medication Coumadin. Sometimes the amount of medication that helps (therapeutic level) is very close to the amount that can cause harm (toxic level). The Vanco Trough lab test is generally ordered to monitor the adequacy of the Vancomycin dosing to treat infection.<br><br>Documentation and interview indicated that the labs were not drawn per physician orders. A clinical nursing note, dated 5-23-08, indicated that the PT/INR and Vanco Trough were drawn on 5-23-08 by the RN without complications from the right antecubital area. According to the physician's orders, the PT/INR should have been drawn initially on Thursday, 5-22-08 and the Vanco Trough should have been drawn on Monday, 5-26-08. In addition, the the CBC and Pre-albumin should have been drawn on Monday, 5-26-08. No documentation was found on the clinical record to indicate that blood was drawn for the CBC and/or Pre-albumin tests.<br><br>A laboratory note, dated 5-23-08, indicated the lab was unable to process the PT/INR drawn on 5-23-08 due to insufficient quantity (of blood) to | G 158 | | |

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| G 158 | Continued From page 2<br>properly test. There was no documentation found on the clinical record to indicate: 1) that the protime was redrawn by the home health agency after notification by the lab that they were unable to process the protime; 2) that the physician was notified about the inability of the agency and/or lab to obtain PT/INR results 3) that any subsequent PT/INR draws were attempted by the agency.<br><br>In an interview on 7-02-08 at 1:11 PM, the clinical director stated that the visiting RN case manager had referred the patient to a laboratory for blood draws after the visit on 5-23-08 because of unsuccessful attempts to draw blood in the home setting. There was no documentation found on the clinical record that 1) unsuccesful blood draws had been attempted during home visits after the 5-23-08 visit; 2) that the physician had been informed of a change in the plan of care (referral to a lab for draws).<br><br>In summary, the agency failed to ensure the RN drew the labs according to the physician plan of care and failed to inform the physician of changes in the nursing plan of care. | G 158 | | |

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| N 091 | 03.07024. SK.NSG.SERV.<br><br>N091. The HHA furnishes nursing services by or under the supervision of a registered nurse in accordance with the plan of care.<br><br>This Rule is not met as evidenced by:<br>Refer to Federal Regulation G 158 as it pertains to nursing staff following the plan of care. | N 091 | See Attached. | |

RECEIVED
JUL 25 2008
FACILITY STANDARDS

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 7/23/08